

# Iowa Health

# FOCUS

September 2000 Iowa Department of Public Health



## From the director

-Dr. Stephen Gleason

Ordering pharmaceuticals via the Internet can be a risky business. If not properly prescribed, filled and dispensed, prescription drugs can cause more harm than good. (See Page 3)

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## U.S. vaccination rates up; Iowa ranks seventh

By Joshua Schoeberl  
IDPH Intern

The United States had its highest ever child vaccination rate in 1999. Nearly 80 percent of preschool-aged children were immunized, according to the Centers for Disease Control and Prevention (CDC).

The most dramatic increase was for *Haemophilus influenzae* type b (Hib); diphtheria, tetanus and pertussis vaccine (DTaP or DTP), and three doses of hepatitis B vaccine. Rates for the MMR (measles, mumps, rubella) remained steady, but virtually unchanged, the CDC reported.

Although state rates were generally above 70 percent, in some major metropolitan areas, the numbers were below the 70-percent standard.

Iowa's vaccination rates were slightly above the national average, with about

83 percent of Iowa's children having received the 3-Hib, 4-DTaP or DTP, 3-Polio, as well as receiving at least one dose of MMR vaccine. Iowa ranked seventh in the 1999 National Immunization Survey.

Dr. Edward Schor, the Iowa Department of Public Health's associate medical director, said Iowa takes child immunization very seriously. Iowa law requires children to be fully immunized before starting school.



*Dr. Stephen Gleason, IDPH director, chats with Brishon Unsen, 4, of Dubuque before her immunization shots.  
**Photo by Dave Kettering courtesy of the Dubuque Telegraph Herald.***

He said the number of vaccines recommended for children to be fully immunized keeps rising.

"As you increase the number of immunizations, there is a chance that the immunization numbers will fall off," said Schor. "It's hard to completely immunize children when the number of vaccines required for full immunization keeps rising."

Schor said proposed legislation would tie school-entry requirements directly to national immunization recommendations.

"As those recommendations change, so will the school requirements," Schor said. "We won't have to keep modifying the immunization laws when new vaccine recommendations come out."

Schor said several programs have been helpful in aiding child vaccinations. The WIC program refers preschool aged children to places that give immunizations, for instance.

The federally funded program, Vaccines for Children, has also been helpful in achieving the high immunization rates, he said. The

program allows many doctors to administer vaccinations and be reimbursed for the service by the federal government.

## From the director

(From the director Page 1)

As important as it is to cherish the beauty of nature, it's no less vital to recognize the elegance of human achievement.

Though I understand the physics involved, I marvel at seeing an airplane the size of a building spring into the air and in a matter of seconds, disappear into the clouds.

Computers are also a wonder. They've advanced learning and reduced task times like no other technology, including the telephone. And the internet is possibly the computer age's most exciting and useful feature.

You can order a car, pay your bills, file your income taxes, watch a movie and learn about everything from playing the piano to building a house. It's a kind of universal flea market of information, goods and services.

And that's the rub for public health. At a flea market, you're just as likely to get junk as valuable stuff, and the health information, goods and services you get from the web can be useless and even dangerous.

That's especially true of prescription-drug sales. In this country, drugs are heavily regulated for good reason. If not properly prescribed, filled and dispensed, they can cause more harm than good, and can even be lethal.

The internet allows customers to order pharmaceuticals with no doctor's examination, no guarantee of the drugs' authenticity or integrity, and no assurance that a pharmacist has correctly filled and dispensed them.

Sometimes doctors and pharmacists are involved in the sales, but the buyer has no information about the credentials and licensing of those doctors and pharmacists.

The same is true of mail-order sales promoted in the media. Mail-order firms have advertised drugs such as Viagra on radio in Iowa recently.

We understand that it may be more convenient, especially for rural residents, to order drugs from such sources. Buyers may also relish the sense of anonymity that comes with those transactions. But we warn Iowans – and urge all public health officials in the state to do the same – about the risks involved.

When pharmaceuticals are needed, it's much less risky to see your regular doctor, get the prescriptions from him or her and have them filled by a licensed pharmacist, preferably one that you know. If you must buy on the internet, however, see the Food and Drug Administration's site, [www.fda.gov/oc/buyonline/tips\\_warnings.html](http://www.fda.gov/oc/buyonline/tips_warnings.html).

Computers and the internet are marvelous human achievements. It's up to us to use them wisely.

## 55,000 still eligible for Hawk-I

*By Sonni Vierling  
Project Coordinator, Iowa Covering Kids Project  
Iowa Department of Public Health*

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**D**espite the Iowa Department of Human Services' best efforts at increasing health care coverage for children, an estimated 55,000 eligible Iowa children still have not enrolled in the Healthy and Well Kids in Iowa (HAWK-I) program and Iowa's Medicaid plan for pregnant women and children.

The programs provide top quality health insurance for little or no cost for kids whose families can't afford coverage.

Health-care and social service providers are learning more about the many hidden barriers to enrollment from families that have encountered them. *Covering Kids Now* is a task force of health-care and social service professionals, legislators and insurance-industry

representatives who have agreed to study barriers and make recommendations to improve the system.

One example of the group's early efforts is its suggestion that families previously declared ineligible for HAWK-I be notified about changes in guidelines that could affect their eligibility. The suggestion was taken and more than 156 new children have enrolled.

A phone call is often not enough to get kids the coverage they need. The *Covering Kids Now Task Force* identified key policy changes that would significantly improve Iowa's system. In a report distributed to legislators and public policy decision makers in January, the task force recommended that the state:

- Increase eligibility for the HAWK-I and Mothers and Children (MAC for pregnant women and infants) programs to 200 percent of the federal poverty level,
- Provide 12-month continuous Medicaid eligibility for children and pregnant women. Currently families must file paperwork for each month; and
- Offer Medicaid-presumptive eligibility for children. Presumptive eligibility is a way to provide temporary coverage while an application is pending. Currently, this option is only available for pregnant women.

Legislators debated these issues during the 2000 General Assembly and ultimately approved eligibility limits to 200 percent of the federal poverty level for HAWK-I and MAC. The Legislature did not provide the support necessary to enact statewide 12-month continuous eligibility or presumptive eligibility. However, further study on the issue of continuous eligibility was recommended.

The Iowa Medical Society is coordinating the task force through a Robert Wood Johnson Foundation Covering Kids Grant to the Iowa Department of Public Health. The task force will continue to meet over the next two years to examine barriers to coverage and make further recommendations.

For more information or to make the task force aware of a barrier, contact Denise Hill, Task Force Facilitator at the Iowa Medical

Society, or Sonni Vierling, Covering Kids Project Coordinator at the Iowa Department of Public Health.

## Alzheimer's crisis: hope on the horizon?

*By Joshua Schoeberl  
IDPH Intern*

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**E**xperts and caregivers of Alzheimer's patients warn the disease may reach epidemic proportions despite advances in understanding the illness and the development of a possible vaccine.

According to experts who met in Washington, D.C. for the World Alzheimer's Congress in July, about four million Americans already suffer from the disease.

"We are on the brink of a health-care disaster," said Anna Ortigara, RN, MS of Life Services Network in Chicago, in an address to Congress. "With millions of Baby Boomers marching their way toward Alzheimer's disease, our nation will see a major long-term care workforce shortage and a dramatic drop in care quality unless we address this problem immediately."

The first of the Baby Boomers will begin to turn 65 in 2011. Current figures show that one in ten people over the age of 65 have Alzheimer's. The figure doubles every five years between the ages of 65 and 85, with nearly 50 percent of 85 year olds afflicted with the disease.

Experts predict if efforts to curb the disease are not taken, over 14 million Americans will be afflicted with the disease by the year 2050. Experts say it could afflict as many as 22 million people worldwide in just 25 years, almost doubling the world's current 12 million cases.

The rising number of cases and an aging baby-boomer generation have officials concerned about the care of patients. They predict a shortage in the long-term care workforce due to low incentives and no opportunities for career advancement.

Despite the grim statistics, experts are optimistic about the future. Breakthroughs in understanding the disease have been made, as have new treatments to slow the deterioration of memory.

The first of the Baby Boomers will begin to turn 65 in 2011. Current figures show that one in ten people over the age of 65 have Alzheimer's.

A vaccine that has warded off and reduced the brain-clogging plaque caused by Alzheimer's in mice has been tested and shown safe for human use.

Despite great progress in researching and understanding the disease, experts are still divided on what causes Alzheimer's.

Scientists cannot determine whether the tau fiber – a tangled fiber inside the neuron cells of Alzheimer's patients – causes the plaque on the brain that inhibits normal thought processes, or if the fiber is a result of the already present plaque.

Better knowledge of the disease helped Elan Pharmaceuticals develop the vaccine, AN-1792. According to a press release from the company, the vaccine – a synthetic form of the beta amyloid protein – has reduced the brain clogging plaque in mice.

The report also explains how AN-1792 attacks the naturally occurring protein beta amyloid that builds up on the brains of Alzheimer's patients. The vaccine has appeared to be safe in initial human trials, but will undergo further testing.

“There is an excitement and energy because of the discoveries,” said Becky Groff, executive director for the mid-Iowa Alzheimer's Association chapter. “For some families the time window may have past, but for many others it provides hope for a future without Alzheimer's disease.”

She said Iowa currently has 68,000 cases of dementia, and the number is expected to rise to 97,000 by 2025. These estimates cannot be ignored, she said.

The association's focus is on increasing awareness of the disease and its repercussions on the state's economy. It also raises money

for research. According to Groff, the Alzheimer's Association is the second largest fundraiser nationally.

Groff said the five Alzheimer's Association chapters across Iowa were able to send several caregivers and volunteers along with its board members to the World Alzheimer's Congress.

For more information about the programs, services, support, and other Alzheimer's Association chapters, call 1-800-738-8071 or see [www.alz.org](http://www.alz.org)

## Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health Web site at:  
[www.idph.state.ia.us](http://www.idph.state.ia.us).

## Source of Folic Acid: The farmer's market

*By Tonya Diehn, M.S.  
IDPH Community Health Consultant*

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**C**hances are when you think of summertime in Iowa, you think of hot weather and farmers markets with fresh produce. But folic acid at the farmers market?

This summer, Polk County farmers' markets also served as an arena for reaching and educating communities about folic acid

supplementation, the fruit and vegetable sources of folate, and birth defect prevention.

Staff members of the Birth Defects Institute at the Iowa Department of Public Health, who had a booth at the market, told attendees folic acid supplementation before and during early pregnancy greatly reduces the risk of neural tube defects (NTD). The booth was sponsored by the Iowa Chapter of March of Dimes.

In the United States, a pregnant woman has a 1 in 500 to 1 in 1000 chance of having a child with an NTD. Approximately 40 infants with NTDs are born each year in Iowa.

Neural tube defects are associated with significant morbidity, mortality and economic consequences. It is believed that genetic, maternal health and environmental factors contribute to the development of these defects.

Maternal factors include diabetes, obesity, use of certain anti-seizure medications, hot tub use during early pregnancy and high fever during early pregnancy. A woman who has had a baby with a neural tube defect has a 3 percent chance of having another affected child. People with a family history of NTD also have an increased risk to have an affected child.

In normal prenatal development, the neural tube, which later becomes the spinal cord, spine, brain and skull starts out flat and then folds into a tube that closes at about the fourth week of pregnancy. This closure begins at the middle of the tube and progresses toward both ends. The defect occurs when the neural tube does not close completely.

The two most common neural tube defects are spina bifida and anencephaly. Spina bifida is a leading cause of childhood paralysis, while anencephaly results in stillbirth or the early death of the affected child.

Research in the 1980s and early 1990s demonstrated that folic acid supplementation prior to, at the time of conception and in early pregnancy reduces the occurrence and recurrence of neural tube defects by 50 to 72 percent respectively.

It is not known how folate works to prevent NTD. However, research suggests that folate may overcome a metabolic block. Folate involved in the methylation cycle uses methionine and makes homocysteine. A vitamin B 12-dependent enzyme also participates in the cycle. Interruption of the methylation reactions may prevent proper closure of the neural tube.

To have any beneficial effect, it is critical that the (folate) supplement be consumed prior to conception and during the first through fourth week of the pregnancy.

It is recommended that all women who can become pregnant daily consume a multi-vitamin containing 400 micrograms of folic acid, besides eating a healthy diet including folic acid. The recommended daily dose for a woman who has had a child or pregnancy with an NTD is 4.0 milligrams.

To have any beneficial effect, it is critical that the supplement be consumed prior to conception and during the first through fourth week of the pregnancy.

Foods naturally rich in folate include leafy green vegetables, beans, broccoli, asparagus, peas, and lentils. Multi-vitamins, fortified breakfast cereals, and enriched grain products contain a synthetic form of folic acid that is more easily absorbed by the body than the natural form found in vegetables and fruit. The body can absorb almost 100 percent of the synthetic form of folic acid.

Despite widespread dissemination of information by March of Dimes, CDC, and other national, state and community organizations, many women still do not know about the benefits of folic acid. In 1998, the March of Dimes Birth Defects Foundation surveyed 2,000 women nationally about folic acid awareness. Their report indicated that only 7 percent of the women they surveyed knew that folic acid should be taken before conception and during early pregnancy.

Folic acid education and information directed not only to women of childbearing age but to their families, friends, co-workers and neighbors increases awareness and can improve folic acid supplementation use. What better way to share folic acid information

than in farmers markets in the heart of neighborhoods, attracting a diversity of people and selling vast amounts of products high in folate?

## Training helps save lives worldwide

*By Joshua Schoeberl  
IDPH Intern*

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**F**or most people, a trip to Europe means recreation and sightseeing, but for Iowa Department of Public Health employee Steven Mercer, it was a chance to help save lives.

Mercer traveled to Switzerland to help introduce the Pre-hospital Trauma Life-Support program (PHTLS). Switzerland became the 21<sup>st</sup> country in which the program was introduced.

Mercer said trauma is the leading cause of death in people aged one to 44. The program helps to save lives by training medical technicians and providers to recognize and properly treat traumatic injuries as well as recognize injury patterns.

PHTLS, developed in the early 1980's in the United States, is an educational program for health-care providers for focus treatment of trauma patients. It has become a recognized standard for trauma patients.

Mercer said he and two associates, Dr. Norman McSwain of Tulane University, and Brian Reiselbara, an educator from Florida, trained 36 people between July 20 and July 31. Mercer has also helped train medical personnel in England and Israel.

"It was a very diverse group of individuals," he said. "Everyone from professors to out-of-hospital providers attended."

Mercer said the PHTLS program uses a team approach to assess trauma victims. It involves physicians, nurses and out-of-hospital providers.

Before they went to Europe, Mercer said, the 37 participants from Switzerland were required to travel to Chicago and become involved with Advanced Trauma Life-Support. Only then were they trained in their home country.

“The training program went very well. They were very receptive,” said Mercer.

The National Association of Emergency Medical Technicians and the American College of Surgeons oversee the PHTLS.

## Improving the health of your community

*By Louise Lex Ph.D.*

*IDPH Healthy Iowans 2010 Coordinator*

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**E**ach day at the August 2000 Iowa State Fair, Iowans stopped by the Iowa Department of Public Health (IDPH) booth at the Varied Industries Building to look at the displays, pick up brochures and other items, and talk to department volunteers. This year, IDPH staff asked fair goers to respond to this question: What is the one thing you would like to see happen to improve the health of your community?

About 130 Iowans considered the question important enough to take the time to answer. Here is a compilation of their responses:

Twenty-five Iowans called attention to a wide range of environmental health concerns that included cleaning up junk cars, yards, and garbage; recycling; banning woodburning stoves; water and septic tank permit inspections; baby pools; mold and fungus in schools; bird droppings; hog confinements; use of fertilizers on farms and lawns; air pollution; and clean schools and public restrooms. Six respondents thought that clean water would improve health –the single largest category of environmental health concerns.

Health care costs were top issues with 23 fair goers. Eight Iowans called attention to prescription-drug costs for seniors. It was difficult to categorize responses to some health care issues. Comments

included more training and pay for nursing home staff, more culturally sensitive health professionals, more and better doctors, free immunization clinics for the poor and needy, more clinics to meet a variety of health needs, and clinics for Spanish-speaking people.

Twelve Iowans vehemently supported tobacco control, particularly in public places. Following are some of their comments:

“Ban smoking in all restaurants in Iowa.”

“No smoking in any public area.”

“Have the school system lead the way in banning smoking on all school premises and in school vehicles.”

“Raise the price of cigarettes.”

From Marengo in Iowa County to Primghar in O’Brien County, 12 survey respondents highlighted the importance of substance-abuse issues. These included methamphetamine elimination, prevention programs in schools, drug and alcohol counseling for families of addicts, greater emphasis on prevention for teens, parent education, and law enforcement.

Nutrition was also on the minds of respondents. Suggestions from some of the nine Iowans who felt nutrition was the key to improving the health of their communities included the following:

This year, IDPH staff asked fair goers to take a few minutes to respond to this question: What is the one thing you would like to see happen to improve the health of your community?

“I would like to see parents feeding their kids healthy meals....”

“WIC is very important for first-time mothers.”

“Force fast food restaurants to provide/sell fresh fruits and more fat-free items.”

“Better information on food on TV for families on the go.”

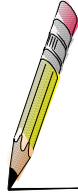
The Iowa respondents saw health education as a way of improving the lives of Iowans. There were comments on sex education in the schools, teaching healthy choices, and increasing awareness of childhood development. Iowans recommended that additional efforts be taken in their communities in prenatal and postnatal care, injury

prevention, services for people with disabilities, mental health, physical fitness, and childcare.

Although this sampling of opinions cannot be considered definitive, responses indicate a growing consciousness of health issues and their relevance to Iowa's quality of life. Consciousness is the first step in taking action.

## Epidemiology notes

By **Patricia Quinlisk, MD**  
**State Epidemiologist**



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*From the Center for Acute Disease Epidemiology, Iowa Department of Public Health*

□ Update on Arboviruses (carried by mosquitoes in Iowa, and cause encephalitis): Human; an 8 year old female, who reported travel to La Crosse encephalitis endemic area (northeast Iowa) 1-2 weeks prior to onset of symptoms, was positive for the California-group of Arboviruses (which includes La Crosse).

Sentinel chickens (8 flocks, 10 birds/flock); 599 specimens tested (for Flaviviruses like St. Louis and Western Equine Encephalitis) no seroconversions. Mosquitoes; 259 pools sorted and sent tested, no positives.

□ Late summer-early fall is the prime season for certain enteroviral infections. Enterovirus is a designation for a class of viruses that includes certain types of coxsackieviruses, echoviruses, and enteroviruses.

Enteroviruses are spread by fecal-oral and respiratory routes, and from mother to infant in the

peripartum period. Enteroviruses may survive on surfaces, allowing transmission through fomites. Young children are typically affected.

Manifestations can include the following: (1) respiratory - common cold, pharyngitis, herpangina, stomatitis; (2) skin - exanthem; (3) gastrointestinal - vomiting, diarrhea, hepatitis; (4) eye - conjunctivitis; (5) heart - myopericarditis; and (6) neurological - which includes the most troubling consequences of aseptic meningitis and encephalitis. Prevention of infection - simple - that old public health adage of practicing good hygiene. Funny how something so simple can go such a long way.

□ The department will be coordinating efforts to look for West Nile virus in mosquitoes, horses, and birds (especially crows), with resources provided through a CDC grant. We have

assurance that this grant will be awarded early next week. The key effort will be to monitor crows for evidence of infection.

Accordingly, we will issue requests that freshly dead or euthanized-ill crows be submitted to Iowa State University. ISU will collect tissues and forward these onto the University of Iowa Hygienic Laboratory for testing.

The exact mechanism for submission of birds remains to be worked out and will be discussed at a meeting of the principals late Monday morning. Meanwhile, please do not issue public requests for crow submissions until we develop workable guidance. More information on this as it becomes available.

## Classifieds

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**The state of antibiotic resistance** - The State of Antibiotic Resistance in Iowa will be held on the ICN (Iowa Communication Network) on Sept. 7 from 11:30 a.m. to 1 p.m. The program will include updates on several efforts in the state to address antibiotic resistance. Over 30 sites are set up. Contact your local ICN site to confirm or schedule availability.

**Rural Health Grants** - Iowa again is noted for the high number of rural health grant awards with six Outreach and two Network Development grants being awarded by the Office of Rural Health Policy. Grant recipients include Butler County Public Health, Allison; Higher Plain, Inc, Washington; Highland Community School District, Riverside; Horn Memorial Hospital, Ida Grove; Maquoketa Community School District, Maquoketa; North Iowa Mercy Health Center, Mason City; Spencer Municipal Hospital, Spencer; and Youth and Shelter Services, Inc., Ames.

If you are interested in applying for Rural Health Outreach and Rural Network Development grants, applications will be available in July by calling 1-877-477-2123. Ask for kit #93-912A for Outreach or #93-912B for Network Development. Grants are due October 16, 2000 for Outreach; October 23, 2000 for Network Development. Call Kathy Williams, Bureau of Rural Health and Primary Care, Iowa Department of Public Health at 515/281-7224 with questions.

The Rural Information Center Health Services (RICHS) web site offers a listing of rural health grants and funding and other rural resources at [www.nal.usda.gov/ric/richs](http://www.nal.usda.gov/ric/richs).

**Iowa's HIV/AIDS Odyssey 2001** - The 2001 Iowa HIV/AIDS Odyssey (Realize, Utilize, Revitalize, Analyze, Look to the Future) will be held October 25 and 26,

2000 at the Savery Hotel and Spa in Des Moines. This event is sponsored by the Iowa Department of Public Health and the HIV Prevention Community Planning Group. For more information call 319-351-0114.

**VA Hospital Services** – The Mental Health Primary Care Clinic at the VA Hospital in Des Moines offers services to adult patients 18 and over who have some form of mental health and/or substance-use problem. Although the primary focus is outpatient treatment, those who need a higher level of treatment are cared for in the least restrictive environment possible.

The Mental Health Intensive Case Management Program is for adults 18 and older who have serious mental illness. The clients include those who are preparing to, or currently living in the community either independently, in a nursing home, or in the residential level of care. The program decreases relapse and improves the quality of life for the seriously mentally ill.

**Focus Editor: Kara Berg**

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**What would you like to see in *Iowa Health Focus*? Send your suggestions for future articles, letters to the editor, and upcoming events or to add names to the mailing list by e-mailing us at [kberg@idph.state.ia.us](mailto:kberg@idph.state.ia.us)**